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ABSTRACT

As minority groups in America become more urbanized and come under the pressures of acculturation, they are encouraged to give up old or "primitive" ways in favor of more modern, "scientific" ways. Although they are aware of the existence of illnesses such as cancer and tuberculosis and utilize modern medical services for such problems, many minority groups continue to turn to their own healers, as an alternative to Western psychiatry, for mental illness, alcoholism, and drug abuse. The historical and cultural backgrounds of these minority groups continue to influence their beliefs with regard to their respective healers but the acceptance of these traditional healers among professionals in health care programs has been resisted for many years. Currently there have been piecemeal attempts to supplement Western treatment strategies with specific aspects of the native healing systems. However, until such cultural pluralism is accepted by the majority society, native healing systems will remain largely impotent and powerless, despite their acceptance and use within each minority group. (Author/EB)

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NATIVE PERSPECTIVES ON ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH: HEALING IN A CULTURAL-PLURAL CONTEXT

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Introduction

By most conservative estimates, in the United States at present, there are at least 20 million mentally ill persons, 10 million alcoholics and one million drug-dependent persons (Martindale and Martindale, 1971). Many of these are Black, Hispanic, Native American or Asian. Western medicine has largely failed to successfully treat such disorders in the minority groups, and many suggest turning to native healers for assistance.

In this paper, we take the position that native healers from the four major minority groups are in a potentially powerless position vis-a-vis the concepts and assumptions of Western psychiatry. We review the historical and cultural backgrounds of the four minority groups, which gave rise to the unique native healing systems within them. The differences and difficulties are a natural consequence of the relative power positions between the majority and minority communities, and create large areas of conflict and disagreement about the cause, meaning and treatment of mental illness, alcoholism and drug abuse in each cultural group.

Healing is a sacred process in every culture. Western scientific thought has secularized medicine, disease and treatment, but healing remains shrouded in sacred mists in all cultures.

Disorders of the spirit--unhappiness, strange actions and hurtful

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behaviors--complicate Western medicine, just as they have all healing systems. Mental illness, alcoholism and drug abuse are names, i.e., diagnostic labels, which are assigned to certain of these disorders by the secularized Western medical system. Each of these diagnoses has a pseudo-scientific base, with a purported etiological process and treatment regime. Since Western medicine is based on the germ theory and upon "scientific" control and intervention into the subsequent disease process, it has considerable difficulty in the diagnosis and treatment of social-behavioral disorders such as mental illness, alcoholism and drug abuse. Nevertheless, medicines are prescribed as are other treatments, including talk-therapy, which are provided by persons trained and certified by the institutions of Western scientific society.

An important distinction must be made here when comparing Western and non-Western healing. Western medical diagnoses are based on etiological knowledge, while Western psychiatry is based on observations of symptoms and their course. Kiev (1964) notes that non-Western healing is based on empiricism, so that traditional healing systems should be evaluated as to their therapeutic functions and not on the basis of how scientific or unscientific they are. As Lyle Saunders (1954) has stated:

> Folk medicine is usually not a random collection of beliefs and practices; rather, it constitutes a fairly well-organized and fairly consistent theory of medicine. The body of "knowledge" on which it is based often includes ideas about the nature of man and his relationships with the natural, supernatural, and human environments. Folk medicine flourishes because it is a functional and integrated part of the whole culture, and because it enables members of cultural groups to meet their health needs, as they define them, in ways that are at least minimally acceptable.

How are disorders described and dealt with by persons from non-scientific cultures? And what are the roles of the indigenous healers, and how are they validated within the various minority groups in America?

The literature on cross-cultural psychiatry is vast and accepts the concept that illnesses are culturally defined and represent a subset of deviance from normative social expectations. Ethnographic work has focused specifically on native taxonomies of illness and therapies, and there is accumulating evidence that traditional taxonomic principles are used even as new theories from Western medicine are accepted.

In a closed society, healing is a sacred matter, and the healer a holy person. A closed society is one which is intact and consistent, where healers operate totally within cultural norms. A so-called open society is one which has been broken apart by diverse influences and is therefore "open" to alternative definitions and procedures. As Horton (1967) has written:

> ...In traditional cultures there is no developed awareness of alternatives to the established body of theoretical tenets; whereas in scientifically oriented cultures, such an awareness is highly developed.

However, the question of "who rules" limits the development of equal and available healing alternatives. Rather, native healing becomes degraded at the hands of the more dominant system, mainly, Western medical care.

Evans-Pritchard (1936), in his work on Azande witchcraft beliefs, points out the important consequence of such a closed system, that is, that there is a lack of awareness of any alternative healing system. He writes of the Azande:

> ...All their beliefs hang together, and were a Zande to give up faith in witch-doctorhood, he would have to surrender equally his faith in witchcraft and oracles.... In this web of belief every strand depends upon every other strand, and a Zande cannot get out of its meshes because it is the only world he knows. The web is not an external structure in which he is enclosed. It is the texture of his thought and he cannot think that his thought is wrong.

But in a society such as ours, it is not just a questions of an "open" system, i.e., one with many competing healing strategies which are known and usable, but rather this society is one where one healing system (the modern medical system) is accepted as correct, proper and dominant, and all native or indigenous healing systems are viewed as questionable or suitable for use only by the superstitious or ignorant persons from a minority culture.* Indigenous healers are viewed as exotic, at best, and quacks, at worst. Two powerful social forces strip indigenous healers of their healing powers; one is that of the destruction of the minority culture by the majority white society, which has dismantled the closed sacred system of healing in favor of modern medical care, and the second is the accompanying change in the perceived role of indigenous healing as being too weak and ineffectual to compete with modern medicine. In terms of the diagnosis and treatment of alcoholism and drug abuse, the native healer was especially ineffectual, since both of these substances were introducted by the white society at the time of conquest and subjugation of the native people.

The major contribution of all native healers is the provision of alternative explanatory systems. That is, Western medicine is concerned with control and treatment of illness, while most indigenous healers con-

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*It should be noted that parallel to the dominant system of Western medical care, which is reinforced culturally, institutionally, and legally, there are healing practices and forms that are assigned subaltern positions within the society. We refer to groups outside of the four broad non-white ethnic categories. Christian Science is probably the major case in point. But there is also a variety of religious sects that practice healing. Additionally, there are therapeutic systems, such as osteopathy, homeopathy, or chiropractic. It might be said that all these attest to the "openness" of the open society, but this does not gainsay the dominant power of the quasi-official medical establishment. The existence of these forms and practices is significant in attesting that deviations from the official medical line are not just "color line" phenomena.

cern themselves with explanation and prediction of the cause and course of the illness, so that treatment is directed at the external forces which create unhappiness and discomfort. Such external forces are often those of the conquerors, of evil spirits or of supernatural demons.

Overview

The function of religion and magic is to attempt to explain the unpredictability and uncontrollability of the world (Aberle, 1966). There is a constant theme concerning a balance of forces between good and evil, yin and yang, hot and cold (Harwood, 1971; Shiang and Li, 1971). Central to the systems of religion and native or traditional healing are ritual and faith. Ritual serves to channel behavior into standardized patterns and the group participation in many religious rituals reinforces the proper behavior through group approval of conformity. Faith is the guiding force behind the adherence to these beliefs and rituals (Frank, 1961).

In terms of healing, this faith is of two kinds: 1) the self-avowed powers of the healer, who portrays himself as a "sure cure" person. His proclamations of past successes and infallibility rest upon private convictions of omnipotence, which in turn feed upon the client, who testifies as to the healer's ability, and 2) the faith in the healer felt by the client, who seeks out the healer in times of stress or need. This mutually held and mutually shared faith provides a powerful dynamic within which much psychic energy and much stress relief may be generated. Western medicine in the hands of the ruling majority society has shredded the power of faith and magic and has made the native healer into a potential charlatan.

This open society has a dominant power structure such that native healers cannot offer alternative themes, but rather offer, at best, only supplemental healing strategies.

A native healer is one who portrays himself as omnipotent due to his alliance with the spirit world. He uses sacred and magical formulas, gestures and paraphernalia, and frequently increases the anxiety of the patient by warning him of the serious consequences if the patient fails to obey him. He presents the patient with a continuous barrage of suggestions from the most abstract to the most concrete, using direct commands, similes, illustrative stories, songs, sacramental elements and body contact. Shamans are also curers, but not every curer is a shaman. The shaman is a person who has passed through a severe psychic and physiological crisis. He has had arduous training and has died and been reborn ritualistically. He is the guardian of the physical and metaphysical equilibrium of his society; a sick person who has succeeded in curing himself and balancing his life (Prince, 1964; Myerhoff, 1966, 1976; Fabrega and Silver, 1973). The healer's powers can only work within a closed system of faith and belief. In competition with Western medical systems, indigenous healers are often powerless.

As minority groups in America become more urbanized and come under the pressures of acculturation, they are encouraged to give up old or "primitive" ways in favor of more modern, "scientific" ways. In reality, these groups are clearly aware of the existence of illnesses such as cancer and tuberculosis, alcoholism and drug abuse, and may utilize modern medical services

for such problems. But many may continue to turn to their own healers as an alternative to Western psychiatry for the disorders of the spirit, such as psychiatry defines as mental illness, alcoholism and drug abuse.

Native Belief Systems and Diagnosis and Treatment of Alcoholism, Drug Abuse and Mental Illness

One must be aware of the historical background of the destruction of the various native "closed" systems in order to understand the place of the indigenous healer among minority groups in America. For example, the native people of the New World had a "closed," culturally relevant and sacred healing system prior to their conquest by Europeans. That healing system was diverse and complex, covering the use of medicine, surgery, diet, exercise, psychology, as well as the use of magical and spiritual forces.

Turning specifically to the Spanish conquest, it brought new and terrible diseases to the people, infectious diseases which killed hundreds of thousands of people. Native healers were unable to stop or treat these devastating epidemics. It can truly be said that the white man's diseases aided him more in the conquest of the New World than all of his guns and armor. The Spaniards brought their own priest-healers who worked directly among the native peoples, who were greatly weakened by the European diseases. The "mercy" of the teaching and healing priests earned millions of converts, who then intermarried with their conquerors to produce the new race, the mestizos. In the merging of these cultures, the native healers emerged, combining the older Indian ways with Catholicism, and forming an indigenous healing system.

Catholicism still plays a major role in the ideology of the Hispanic

world, and in the two forms of native therapies: curanderismo and spiritism. Illness is divided into causation by supernatural and natural forces, the former caused by witchcraft and the latter by God. The curandero is a religious healer who claims no special powers, but operates on the strength of the patient's faith in God. Religious paraphernalia such as crosses, rosaries, and pictures of Christ are used, as are prayers, confession and laying on of hands. There are many variations in technique, with some curanderos specializing in curing only certain illnesses. The curandero of good reputation is regarded as an ultimate source of knowledge; he or she is consulted usually after home remedies have failed, or if symptoms are vague or have failed to respond to Western treatment (Kiev, 1968; Press, 1977).

Among Mexican Americans, explanations for deviant behavior by both the curandero and patient suggest that the deviant state may be curable in certain instances. A person with obsessions and phobias is said to think only the same things and never use his mind. Uncontrollable outbursts which may lead to violent acts such as murder can be attributed to jealousy and pent-up anger. Mental disorders are also linked in part to the corrupting influences of Anglo values and way of life, which prevent the individual from developing strength of character (Kiev, 1968).

The usual explanation for mental illness, however, is that people are driven to act this way because of witchcraft. Witchcraft is said to serve the following functions: 1) it explains a series of misfortunes or chronic illnesses that do not respond to treatment; 2) it provides a culturally sanc-

tioned outlet for aggressions; 3) it provides a means of social control for deviant behavior; 4) it temporarily reduces anxiety by providing explanations and solutions to problems. In urban situations, especially in the case of groups subjected to pressures of acculturation, witchcraft can provide an out for members who try and fail to find acceptance in the dominant society. The individual may resort to consultation with a curandero to discover the cause for his deviance from his cultural values. A subsequent diagnosis of a disorder caused by witchcraft reaffirms traditional beliefs and the patient may find reacceptance within his community (Madsen, 1966).

It has been noted that the stresses of acculturation are reflected in the rise in alcohol and drug problems among all minorities, and specifically Hispanics. In traditional Hispanic culture, drinking is associated with manliness, but a man must also be able to maintain control and to "hold his liquor." Drinking is a social activity and excessiveness (within the limits of social restrictions) does not lead to one's social rejection, as is the case in white society (Kiev, 1968). Thus, an acculturated individual is caught in an ambiguous position because he is free from his culture's restraints on drinking, but rejected by the dominant society for any excessiveness. Drug use is generally frowned upon within the Mexican-American community, but an increase in drug use occurs among those seeking to find entry into the majority culture due to increased pressure and anxiety caused by assimilation processes.

While curanderos treat both natural and supernatural illnesses, the spiritist deals only with the latter, and unlike the curandero, has the ability to become possessed during the course of treatment. Spiritism

arose as a cult in the 1800's and focused on the treatment of illnesses caused by witchcraft. In the Hispanic world, it is most evident in Brazil and Puerto Rico, and is a viable force among Puerto Rican urban communities in America.

Like the shaman, the spiritist is one who had manifested certain psychological symptoms such as seizures, suicidal feelings or attempts, visions and trances. The cause was actributed to spirit intrusion and the cure was lengthy treatment to teach the patient how to control such intrusions. In spiritism, the patient must establish a relationship with a protective spirit through which he can communicate with other spirits. In effect, when the patient's behavior has become adequately socialized, he achieves new status as a medium and healer.

Among studies of Puerto Rican communities in America (Harwood, 1977; Berle, 1958), the majority of the population was found to experience minor afflictions and treatment was usually short-term. They may experience less severe spirit intrusion or may be victims of sorcery, whereby a human perpetrator enlists the forces of evil spirits against another out of jealousy and desire for revenge.

In addition to being a belief system and form of psychotherpy, spiritism also functions in a physical respect as a community center. Spirit mediums often give counseling on personal problems that is reality-oriented, and general advice and information on such matters as job opportunities and referrals, personal finance, landlord problems, and obtaining goods and services around the city. Therapy sessions are group activities, open to

both community members and non-members, and the center sponsors recreational activities for its members and the general public. Anyone can visit a medium for any problem, while going to a clinic or psychiatrist carries the stigma of being "loco." Thus, spiritism offers considerable competition to modern therapy.

Curanderos and spiritists do not deal with "disease" entities such as mental illness, alcoholism or drug abuse--rather, they seek to relieve and heal persons who are in psychic discomfort, who are fearful or who are unhappy. The psychiatric diagnostic categories of Western medicine do not "fit" the life problems of the Hispanic people, placing, as they do, the flaw within an individual's own control, i.e., "blaming the victim." The native healer places blame on external forces, either real or supernatural, and works to remove this external threat from the individual. The meshing of the majority value system with the Hispanic folk culture forces the native healing system into a nearly powerless position.

In the United States, the historical forces unleashed a somewhat different process. Native Americans were conquered and destroyed by both disease and armed force. The Northern European conquerors came to settle the land and brought their own families. They did not intermarry with the natives, who they viewed as unfit; genocide rather than racial blending was the consequence of the North American conquest, as contrasted to the Southern European conquest of Latin America.

There are less than one million American Indians left alive in the nation, scattered on 268 reservations and throughout the major urban areas all over the country. Native healers were largely impotent against the

destruction caused by alcohol, which was used by traders and settlers to incapacitate the natives. As the tribes were destroyed, conquered and moved onto reservations, the native healers developed several religious movements designed to meet the people's massive depression and anguish brought about by the threat of extinction. Among the Iroquois, the religion of Handsome Lake preached against alcohol use; among the Plains Indians, the Ghost Dance counteracted the hopelessness and despair of defeat; while among other, more intact tribes, native healers retained their powers and aided in the retention of the native cultural belief systems (Eggan, 1966). The Navajos, as a large tribal group living on a large and contiguous land base, have retained their native healers. Adair (1961) states, "Modern medicine will not replace the medicine man as long as Navajos retain their holistic views of health and disease."

Native healing takes many ceremonial and ritualistic forms, as diverse as the tribal cultures. The following is a description of one ritual for dealing with Native American mental health problems:

> Many Coast Salish mental health problems stem from Western intrusion breeding cultural identity confusion which leads to feelings of rootlessness and lack of purpose called "anomic depression" or "spirit sickness." A Salish person can reidentify with his/her culture through the traditionally prescribed treatment of becoming a spirit dancer who is "clubbed to death" and "reborn" during the winter ceremonial in which the dancer's kin as well as many others participate. Dancers publically express emotion-charged experiences in a recognized symbolic manner in front of a sympathetic audience. Physical training for dancers has a hygienic role unequalled by any Western amateur sports. The involvement of many Indian families is of major therapeutic importance where seasonal employment otherwise imposes idleness which fosters group conflicts

> associated with alcohol and drug abuse. The persistence of traditional healing, both through group-supported dancing and individual doctoring is due to a need for culture-congenial procedures rather than the lack of Western therapeutic techniques.... (Attneave and Kelso, 1977)

A study by a Navajo graduate student in public health questioned Navajo medicine men about their views of the causes and cures of alcoholism. Responses centered on individual weakness, inability to cope with life, cultural disintegration and witchcraft. Treatment and prevention emphasized the importance of raising children in the Navajo way, and the use of Indian ceremonies such as the Blessingway (Navajo Times, 1977). By these responses, the medicine men distinguished between "white" ways and "Indian" ways. Alcoholism is a white man's problem and the more an Indian becomes acculturated, the more white and the more alcoholic one becomes.

This is not to say that Indians were never prone to drinking in excess. The use of intoxicating beverages and narcotics among native cultures since pre-Columbian times is well-documented (Vogel, 1970). Before extensive cultural disintegration took place, drinking was a group activity. If one group member became intoxicated, his friends would watch out for his safety, and his drinking behavior was not defined as an "illness" or a "disease". Reservation Indians moving into urban areas continue this pattern of social drinking, but must do so in public bars where there is greater visibility and high arrest rates (Graves, 1971). Such public disorder leads to a diagnosis of either mental illness or alcoholism, which may not align with the cultural norms of tribal people.

Regarding drug use among Indians, peyote is probably the most well-

known substance to outsiders. The origins of the peyote religion are obscure, but today it is formally organized as the Native American Church. The use of peyote may be viewed by others as just another way of getting high, but a brief historical overview might be helpful in understanding its importance to Native Americans.

The peyote cult emerged during the post-frontier period and attracted many of the acculturated and marginal Indians who had knowledge of white ways and Christian beliefs, so it became infused with many Christian elements. During this period, tuberculosis and alcoholism were rampant among the Indians, so the cult incorporated a code of ethics that stressed cultural unity and pride. As did the Handsome Lake religion, the peyote cult especially emphasized the avoidance of alcohol.

While peyote was used for non-religious medicinal purposes, particularly against consumptive illnesses and as a pain killer, it was highly valued for its ability to produce visions, which played a central role in traditional Indian religious experience. Visions were necessary to find success and fulfillment in life, and vision quests were undertaken for this purpose. These quests were an individual activity in which the person subjected himself to great physical stress such as fasting and self-inflicted injury (Benitez, 1975). Peyote could create visions without such personal hardships, an attractive alternative in times of white domination and Indian cultural disintegration.

The peyote "trip" itself is only one aspect of a whole ritual, guided by a shared set of symbols and beliefs. A ritual can be described to function as follows: "The mechanical redundancy of ritual inhibits spon-

taneous and idiosyncratic personal response, thus assuming that the symbols employed will not be contemplated with full consciousness" (Myerhoff, 1974).

Peyotists today cite many examples of individuals who have been cured by peyote when all other methods, including Western treatment, have failed. They specifically note its ability to temper the desire for alcohol. They also reject all Western classifications of peyote as a narcotic, intoxicant or drug, and deny that anyone has ever become intoxicated or addicted to it. In their view, peyote is a gift given by God only to the Indians, and that science cannot be used to analyze or define a thing of God (Slotkin, 1975).

The Native American view of mental illness, alcoholism and drug abuse can be summed up in the following incident:

> At an Indian-run wilderness camp in Morley, Alberta, Canadian psychiatrists and Canadian Indians listened to formal talks on Indian mental health during the day, but at nocturnal pow-wows Indians switched roles with doctors to tell them that the main concern of Indians is powerlessness, and the frustration with bureaucratic systems was the root of their psychological problems. Many psychiatrists present had never heard Indians define their problems and were shocked by the bureaucratic run-arounds described. (Attneave and Kelso, 1977)

Powerlessness is the central problem facing all minorities in this country. Blacks were also a tribal people prior to their forcible induction into slavery. The shamans and healers came with the captives to the New World and provided the strength that make life possible under the opression and misery of captivity. Slavery as an institution allowed a native church to form, and the blending of African tribal beliefs and

white Christianity evolved the Black church, which continues to this day to function as a healing institution.

Certain types of Black churches are characterized by displays of extreme emotion. In a "shoutin' church," people sing hymns and gospels that recount the collective sufferings of the Black people. But the atmosphere is positively charged because the members are told to "get happy." They can act out emotions in institutionally sanctioned ways such as shouting and screaming, leaping and falling about. Such behavior may be viewed by outsiders as deviant and misplaced in a church setting, but serves in a positive way as a ritual that accommodates the release of aggressions and emotions without harm to others (Frazier, 1974; Gilkes, 1977; Norval and Gotard, 1977).

The minister is a respected figure and provides additional support outside the church setting as a community-action organizer or an intervener in family disputes. Too often, a woman may be hospitalized for psychiatric treatment because of mental disturbances caused by problems with her husband and home life. Attention is focused on her pathology rather than her husband's behavior. The minister and church can and do act as a prevention measure in such cases (Gilkes, 1977).

The mass migration of American Blacks from the land to the city, their transformation from a largely agrarian people tied to a plantation economy into lower working-class inhabitants of our urban slums have wrought vast changes in their health and healing. In the urban ghettos Blacks were introduced to drug abuse. Alcoholism achieved a qualitatively different dimension. Indeed, it may be said that they were really introduced to alcoholism

as distinct from a sporadic, isolated drunken spree. Whatever mental problems might have existed in the agarian setting, they did not attain the level of a diagnostic category and generally were contained within a family/community network. It is a reasonable speculation that the incidence of mental problems increased with the traumatic transplantation from the rural community to the city that disrupted family/community networks.

The Black church and the residual folk healers moved with the Black migration from the country to the city. As problems grew the influence of the church diminished; patently the culture of drug abuse and alcoholism is in conflict with the culture of the church, and the growth of the former inexorably diminished the latter. Nonetheless, the transplanted church retained its healing components, and secular healers sprouted in the urban ghettos. The newspapers, radio stations and community bulletin boards utilized by ghetto residents carry ads for "healers," "spiritualists," "readers," "mediums," as well as a wide variety of healing church srevices. Some of them utilize group methods ("meetings," "circles"), some work individually ("spiritual advice on personal problems"), while some use concepts of voodoo intermingled with Christianity. Voodoo in America no longer functions as a unified system of beliefs. In its purer form in modern Haiti, Christian influence is already evident. Family services with Catholic hymns and prayers are combined with invocations to African deities, followed by dancing and chanting to the rhythm of drums and rattles. In everyday life in Haiti, the magical aspect of voodoo, of placing and removing hexes, is emphasized, and this vestige of the belief system was transmitted to the States (Haskins, 1974; Golden, 1977).

Steiner (1959) found that persons who were impoverished tended to consult the occult, and concluded that people do so because there are no adequate, simple, easily available resources for professional consultation on personal problems. Among ghetto populations, however, the occult may have an additional cultural meaning. For example, among occult practitioners, direct advice is often given. Perhaps a more direct-guidance approach would be appropriate for mental health professionals working with ghetto populations. In any case, folk healers in the ghetto provide alternate modes of care and treatment for troubled residents who otherwise might become patients in a public facility.

The Chinese and Japanese views of psychiatry also rest on their cultural and historical background. They came to America because they were recruited for cheap labor. Coming as they did from ancient and sophisticated cultures, the first immigrants brought their indigenous medical knowledge with them. Chinese healing systems evolved from the concepts of balance between yin and yang--the evil and good, dark and light, female and male. There also exists a natural balance in the universe between the five elements of wood, fire, water, earth and metal. The concept of a balancing of forces is a recurrent theme in some other Asian therapies.

The Japanese have several ways of treating psychological symptoms, based on a blend of Buddhist and Western thought. In Morita therapy, neurotic states are seen as common to all normal individuals, and one has a problem only when he feels his behavior is somehow abnormal. Thus, he becomes anxious and preoccupied about his condition. The healing process aims at helping the patient to understand his problem by encouraging him to focus on constructive activities and away from his obsessions. He is placed in a

work program, but is free to choose whatever activity he feels is best for him. Working is felt not to help the patient ignore his problems, but to put them in proper perspective (Kondo, 1976).

Introspection, or focusing inward on one's own behavior, is also the basis of Naikan therapy, which has been used as a form of social control to reform criminals and drug addicts. It is not found effective for treating neuroses and psychoses, but may be viewed as a preventive measure to ensure appropriate social behavior. In Buddhist belief, man is selfish and guilt-ridden. Naikan therapy is used to instill guilt feelings in the patient, who must meditate on and contemplate an influential person in his life and the he trouble he has caused that person. Not only must the patient face and analyze these guilt feelings, but he must also accept them and work on changing his behavior and attitudes (Takao, 1976). It is important to note that in both Naikan and Morita therapy, the therapist only acts as a supportive guide for the patient, rather than the ultimate decision-maker in the patient's prognosis for recovery.

A brief mention will be made of several recent healing-religious cults surfacing in Japan. The process of healing begins with the individual's initiation and acceptance into the faith. As in the Black church, close bonds develop between the priest-healer and members through the sharing of individual experiences and suffering. One sect uses group confession, prayer and laughter sessions, while another utilizes massage to drive out toxins in the body. A majority of these cult members also use modern treatment in conjunction with cult healing (Sasaki, 1976).

Another form of therapy practiced in temples in Asian countries and the United States is chien drawing. It is a form of divination by drawing

or randomly selecting a bamboo stick out of a number of sticks, each assigned a particular poem with broad, symbolic meanings. A client reads the poem and relates it to his particular question or problem. If he needs further clarification, he can consult an interpreter stationed in the temple. In the traditional Asian societies, relationships were viewed as hierarchical rather than equal, and the clien interpreter, like other healers, was seen as an authority figure. Since emphasis in traditional Asian societies was placed on dependence upon others, there was less stigma attached to consulting a therapist than in Western society (Tseng, 1976).

The types of problems dealt with in chien drawing most often involve social and material success, marriage and illness. Illness is the only area where cause is attributed to supernatural forces, since sickness is the most life-threatening and beyond human control. Remedies range from herbs to exorcism and prayer.

Advice given by the chien interpreter is often couched in philosophical rather than psychological terms. Instead of trying to decide the solution to his client's problem, the interpreter encourages the client to handle his own problems for forecasting positive outcomes in an effort to instill hope, restore self-confidence and strengthen self-esteem. Though chien drawing involves fatalism, and ultimate responsibility lies with a higher power, the individual can do much to improve the course of his life (Hsu, 1976).

A different kind of treatment is acupuncture, based on the principle of a life force or energy flow inthe body. Illness results from a blockage or imbalance in this flow, which can be restored by stimulating certain

points of the body with needles. There is thought to be a sympathetic relationship between areas near the surface of the skin and the internal organs. The Chinese claim that acupuncture can cure physiological and pathological disorders, in addition to being used as an anesthetic (Chen, 1973; Croizier, 1973). In China the attitude toward mental illness is that it is curable, while drug use is treated as a crime rather than an illness. The use of opium and heroin is against the law and dealt with by imprisonment. Increased rates of mental illness, alcoholism and drug abuse are also noted among Americans of Asian descent, as well as other minorities, which many attribute to the pressures of assimilation, while others question the validity of such statistics and criteria used, since the data are based on commitments to Western institutions (Berk and Hirata, 1973).

Conclusion

As Western medical science has come to treat persons from the oppressed minorities for mental illness, alcoholism and drug abuse, it has become apparent that there are alternative healing systems available in the various minority cultures. For many years, there was great resistence among professionals involved in health care programs to the acceptance of traditional healers. The prevailing attitude is that such practices are vestiges of a primitive and superstitious (and ignorant) people. Some well-intentioned Westerners emphasize the importance of understanding different cultural attitudes, but then go on to state that these groups must overcome their "cultural barriers" to realize that they do indeed have a serious health problem. This view implies that culture somehow prevents one from recognizing he has a serious problem, or that his culture rationalizes away the

seriousness, relegating the cause of illness to such "nonsense" as supernatural forces and witchcraft. But the very survival and utilization of these traditional healing systems by minority groups indicate that they continue to serve a viable function.

At the same time, it is generally acknowledged that in the diagnosis and treatment of psychic maladies, Western medicine has not achieved the scientific rigor that it has with respect to physical ailments. Certainly, in contradistinction to what Western medicine has done in coping with such diseases as malaria and poliomyelities, its psychiatric therapies and the treatment of alcoholism have not been the empirical triumphs to provide a basis for scientific conceit. American pragmatic bias should dictate a certain humility by Western medical practitioners in this realm vis-a-vis traditional folk healers.

Currently, there has been several attempts to coopt specific aspects of the native healing systems, specifically those practiced by Navajo medicine men, curanderos and Chinese acupuncturists. These have been piecemeal attempts to supplement Western treatment strategies and as such have removed native healing rituals from their cultural context and social supports.

The use of native healers for minority clients' mental illness, alcoholism or drug addiction must be viewed with two important aspects in mind: 1) that the so-called "disease" of mental illness, alcoholism or drug abuse may not be fully recognizable or operative within the indigenous healing system of each of the minority groups, and 2) that native healers must have treatment autonomy within the full cultural and social context of that culture if they are to be effective.

Until such cultural pluralism is fully accepted by the majority society, native healing systems will remain largely impotent and powerless, despite their acceptance and use within each minority group.

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